

Name
in
Full

Bessie Olivia Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Belair		County Harford Co		MARYLAND	
Date of death 190	3	Month July	Day 5	Age	Years	Months 5	Days 19
Sex	Female		Color or Race	Black		Birth- place	Maryland
Married, Single or Widowed			Single		Occupation		
Name of Wife or Husband							
Father's Name				Lewis Armstrong		Father's Birthplace	
Mother's Maiden Name				Jennie Curtis		Mother's Birthplace	
Name of person giving in formation				Lewis Armstrong		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	5 days
Immediate	How long	179
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

Mountain Chick

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

1893 July 28

Age

10

Harford

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968



Crawford Bond

CERTIFICATE OF DEATH

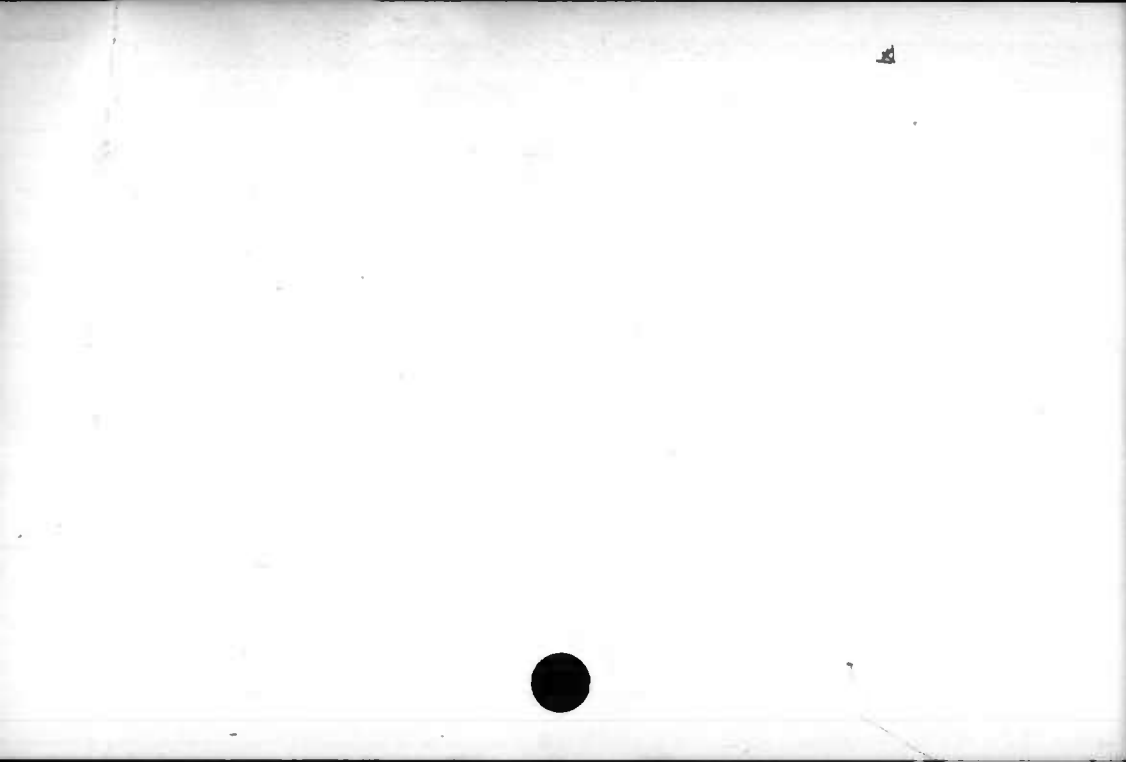
TO BE ANSWERED BY
NEAREST FRIEND

Died at Benson ^{Town}		Harford ^{County}		MARYLAND	
Date of death 190 3	Month 7	Day	Age 16 ^{Years}	Months	Days
Sex Male	Color or Race Black.	Birth-place Maryland			
Married Single or Widowed		Occupation Laborer			
Name of Wife or Husband					
Father's Name Joshua Bond			Father's Birthplace Maryland		
Mother's Maiden Name Harriott Cornelia Bond			Mother's Birthplace Maryland		
Name of person giving information Purvell			How related to deceased Not		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysphoid Fever	How long 6 weeks
Immediate Toxaemia	How long 7 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Purvell & Lippington
	Address Fallston
Accident or Suicide?	Maryland.



Name
in
Full

William Henry Doggett

CERTIFICATE OF DEATH

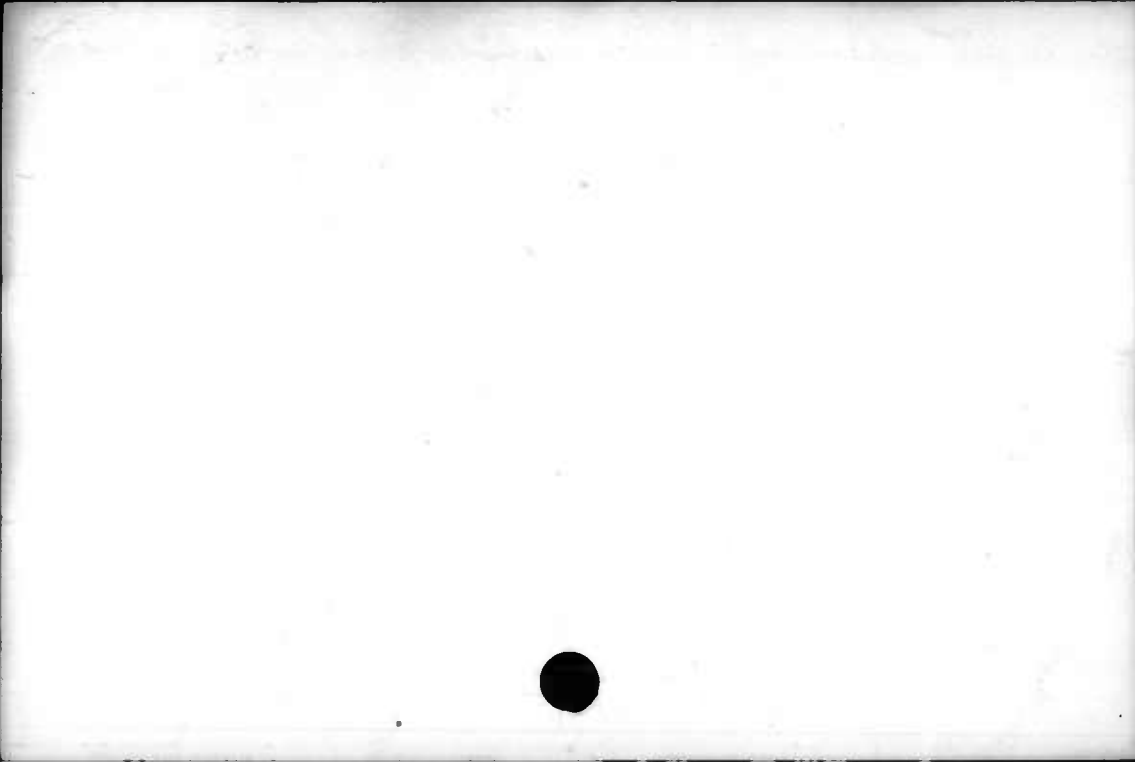
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Emmorton		^{County} Harford		MARYLAND	
Date of death 1903	Month July	Day 11	Age	Years	Months 11
Sex Male	Color or Race White		Birth-place Emmorton, Md.		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name Samuel C. Doggett			Father's Birthplace Harford Co., Md.		
Mother's Maiden Name Martha Pearl T Bosley			Mother's Birthplace Baltimore Md.		
Name of person giving information A. F. Van Bibber			How related to deceased Not at all.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Acute Indigestion	How long	a few hours
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician A. F. Van Bibber, M.D.	
		Address TB Blair, Md.	
Accident or Suicide?			



Name
in
Full

Matilda Dullay

CERTIFICATE OF DEATH

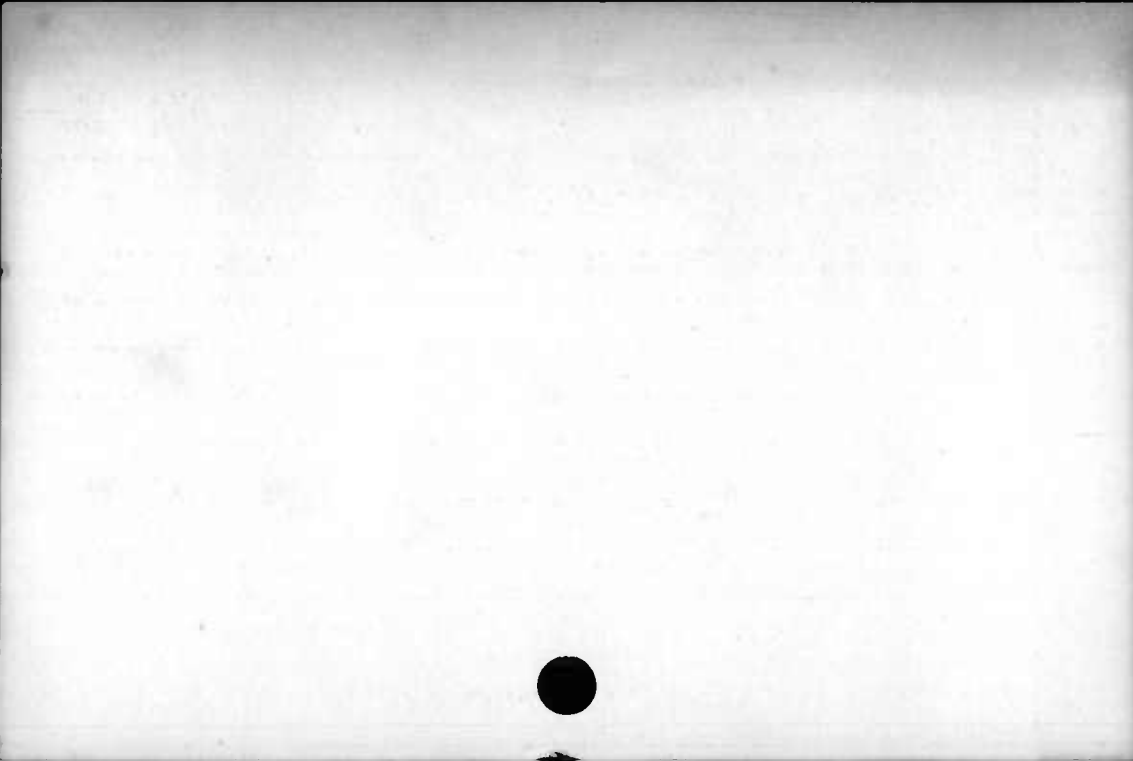
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Havre de Grace</u>		County <u>Harford</u>		STATE <u>MARYLAND</u>	
Date of death 190	3	Month	<u>July</u>	Day	<u>20</u>	Age	30
Sex		Female		Color or Race		Col	
Married, Single or Widowed		Married		Occupation		Housework	
Name of Wife or Husband		<u>John Dutton</u>					
Father's Name		<u>Pinion</u>				Father's Birthplace	
Mother's Maiden Name		<u>Don't know</u>				Mother's Birthplace	
Name of person giving information		<u>John Dutton</u>				How related to deceased <u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>1 year</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>L Hopkins</u>	
		Address	
		<u>Havre de Grace</u>	
Accident or Suicide?			



Name in Full

Certificate of Death

Joseph Ferriell

Town

County

Hartford

MARYLAND

Died at Alden

Date 1903

Month

Day

7 19

Y.

M.

D.

Native of

Occupation

Date 1903

Age

4

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Sacro Enteritis

How long sick

10 1/2 weeks

Accident, Suicide, Homicide

Reported by

Address

J. H. Kennedy
Alden Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Moses B. Forward FORWARD

CERTIFICATE OF DEATH

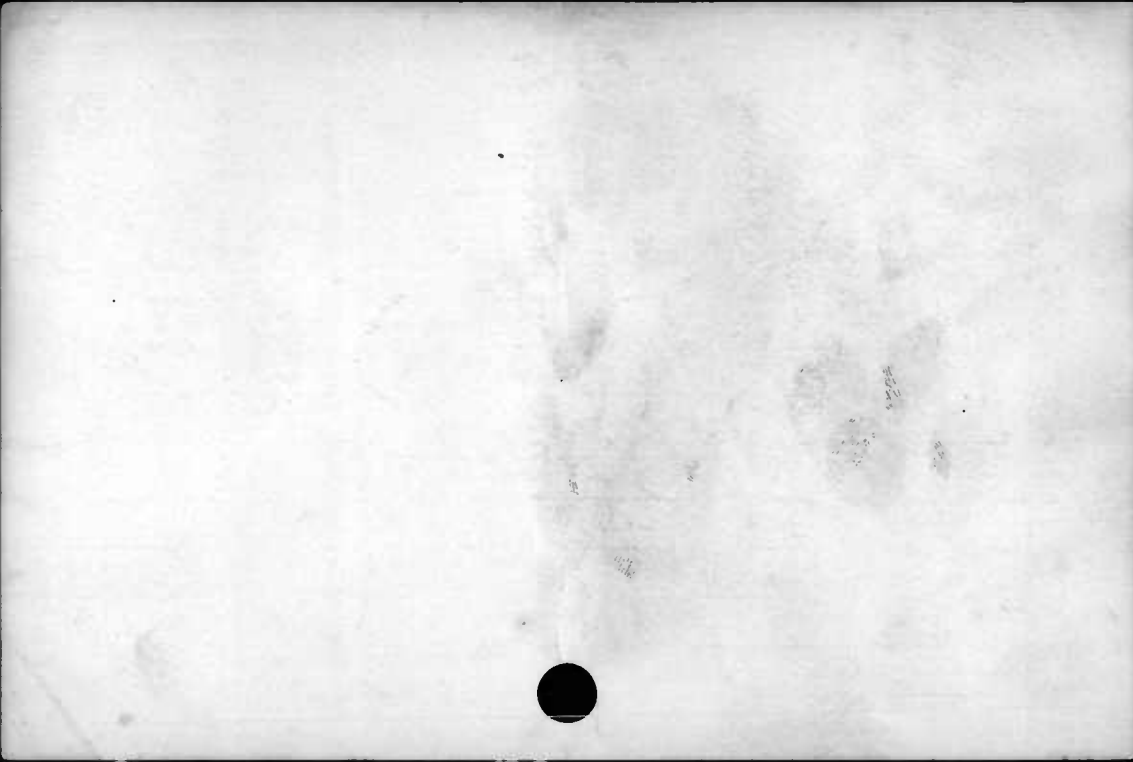
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Burl Air		County Harford		MARYLAND	
Date of death 190	3	Month July	Day 29	Age 41	Years	Months	Days
Sex	Male	Color or Race	White	Birth- place	Harford Co		
Married, Single or Widowed	Single			Occupation	Church		
Name of Wife or Husband	None						
Father's Name	W. J. Forward				Father's Birthplace	166 Harford Co	
Mother's Maiden Name	Bertha M. Stearns				Mother's Birthplace	Harford Co	
Name of person giving In formation	C. A. Hollingsworth				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury to Brain		How long	5 days
Immediate	Paralysis		How long	unconscious
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	C. A. Hollingsworth
			Address	Burl Air Md
Accident or Suicide?	Accident			



Name In Full

Certificate of Death

Died at

Date 1903

Male

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79868



Name in Full

Certificate of Death

Died at

Date 19

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~
FemaleWhite
~~Colored~~~~Married~~
Single~~Widow~~
~~Widower~~~~Divorced~~Number of children living

Mother's

Maiden Name

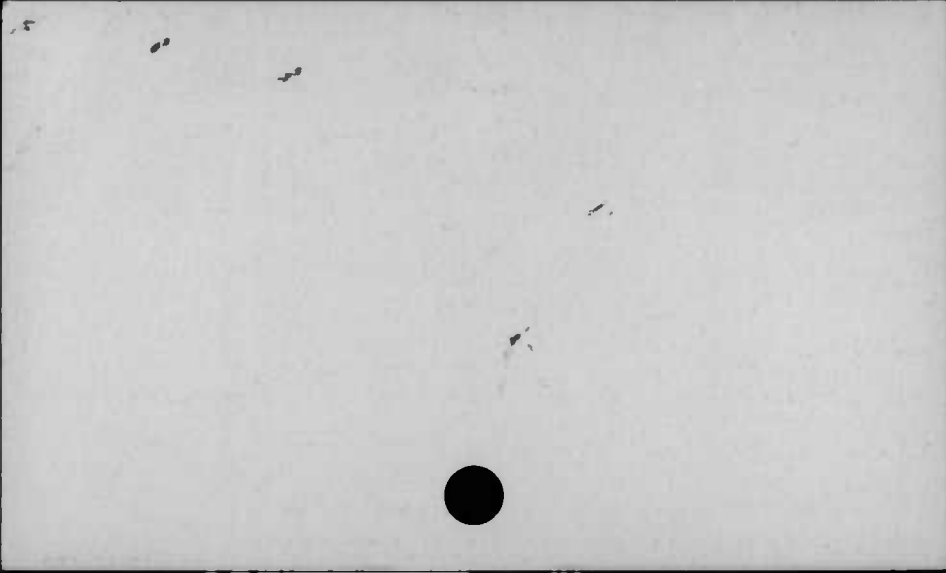
How long sick

Primary

Immediate

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU, 79893



Name
in
Full

CERTIFICATE OF DEATH

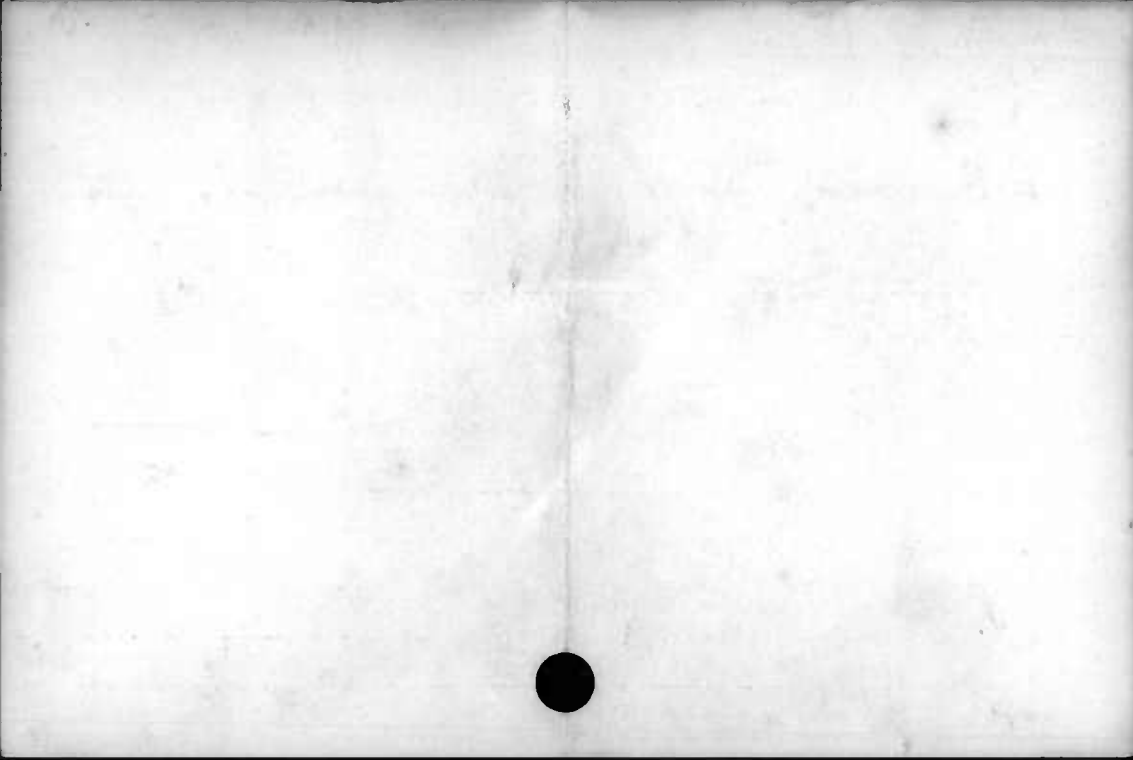
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pool</u> Town		County <u>Harford</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>24</u>	Age <u>1</u> Years	Months <u>one</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>negro</u>		Birth-place <u>Pool</u>		
Married, Single or Widowed			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Lewis Guyman</u>			Father's Birthplace <u>Rickmans</u>		
Mother's Maiden Name <u>Carrie E. Guyman</u>			Mother's Birthplace <u>Pool Md</u>		
Name of person giving information <u>Lewis Guyman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>In degeneration</u>	How long <u>12</u>
Immediate <u>Concussion</u> <u>105</u>	How long <u>hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. F. H. Arthur</u>
	Address <u>Shuco md</u>
Accident or Suicide?	



Name in Full

Thomas Ross Hall

Died at ^{Town} Whitford ^{County} Harford MARYLAND

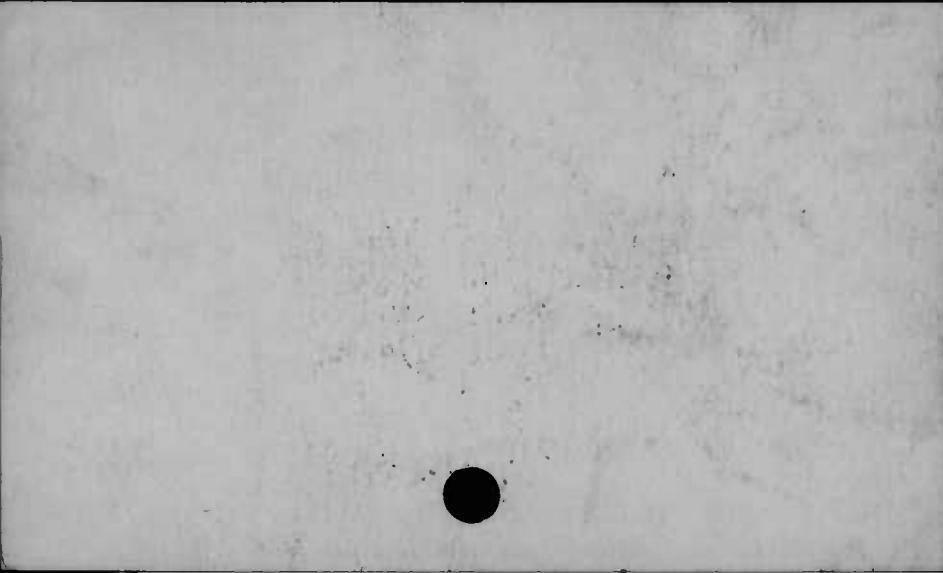
Date 1903 7-10 Age 6- Maryland
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Colored~~ Single ~~Widower~~ Number of children living

Husband of —
 Wife

Father's Name John H. Hall Mother's Name Lydia

Cause of Death { Primary Cholera Infantum
 Immediate Cerebral 105
 How long sick 3 days
 Accident, Suicide, Homicide

Reported by Wm. H. Lundy
 Address Beltsville Pa



Name In Full

Certificate of Death

Margaret A. Harlan

Died at ^{Town} *Churchville* ^{County} *Hartford* MARYLANDDate 1903 ^{Month} *7* ^{Day} *20* ^{Y.} *77* ^{M.} *—* ^{D.} *—* ^{Native of} *Ind.* ^{Occupation} *Housewife*Male ☒

White

~~Married~~

Widow

~~Divorced~~Female ☐~~Colored~~~~Single~~~~Widower~~

Number of children living

*4*Husband of *David Harlan*Wife *J. B. Herbert* Father's Name *J. B. Herbert* Mother's Name *May A. Herbert*Cause of Death { Primary *Old Age* Immediate *Heart failure* How long sick *154* Accident, Suicide, HomicideReported by *Herbert Harlan M. D.*Address *Baltimore* *Ind*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name in Full

Certificate of Death

Edgar H Hopkins

Town

County

Died at

Abdeen

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

July 7

Age

10

17

Ma

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

H. G. Hopkins

Mother's

Name

Lizzie Hickson

Cause of

Primary

Death

Immediate

Cholera Infantum

105

How long sick

2 days

Accident, Suicide, Homicide

Reported by

J. H. King

Address

Abdeen Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Warren A. Jones

CERTIFICATE OF DEATH

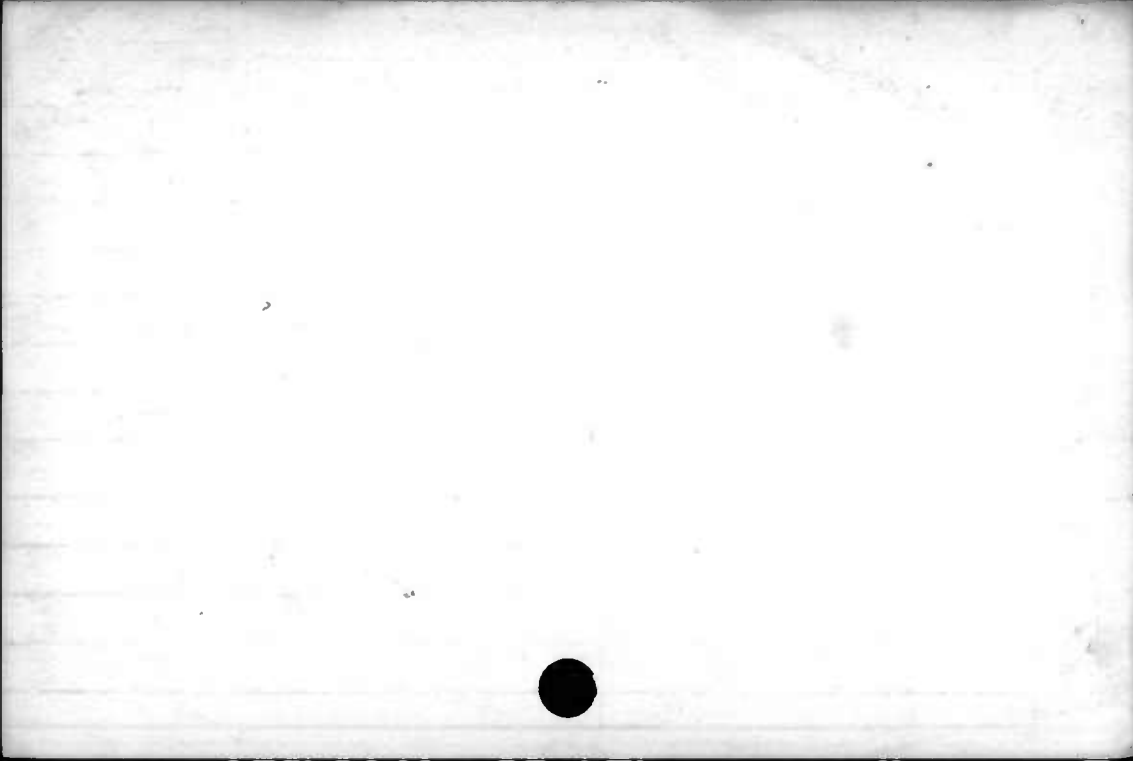
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambria</u> Town		<u>Harford.</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>27</u>	Age <u>1</u> Years	Months <u>1</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cambria</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Ben. Henry Jones</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Vialot Jones</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Ben. Henry Jones</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Blood poisoning</u>	How long	
Immediate	<u>Yes</u>	How long	<u>2 1/2 C</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. Warren Jones</u>	
		Address <u>Delta York Co Pa.</u>	
Accident or Suicide?			



Name
in
Full

Robert McGaw

CERTIFICATE OF DEATH

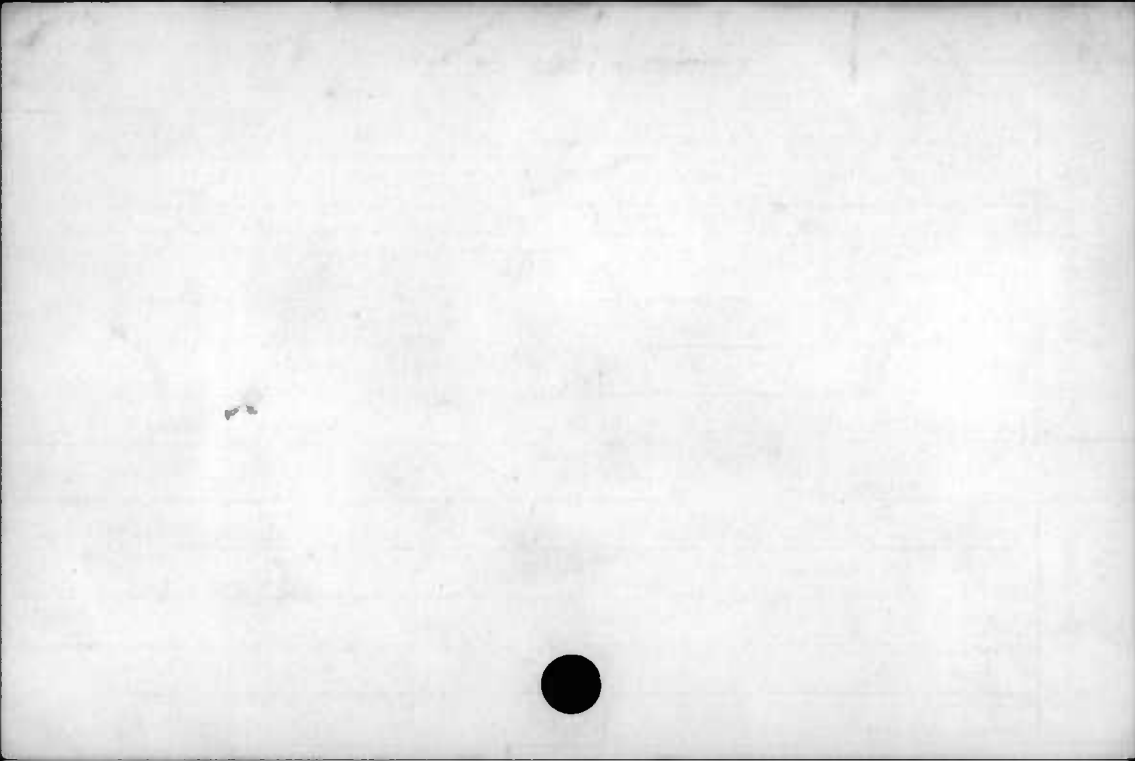
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Havre de Grace</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> ^{Month}	<i>30</i> ^{Day}	Age <i>1</i> ^{Years}	<i>1</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth- place <i>Havre de Grace</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>179</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Dequilla McGaw</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Francis Harris</i>			Mother's Birthplace <i>—</i>		
Name of person giving In formation <i>Dequilla McGaw</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal-assimilation of food</i>	How long <i>all life</i>
Immediate <i>Marasmus</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Havre de Grace</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Faithful E. Mitchell

Town

County

Died at *Garland**Harford*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

July

21

Age

69

*21**—*

Sex

*Female*Color or
Race*White*Birth-
place*Harford Co*Married, Single
or Widowed*Widow*

Occupation

Name of Wife or
Husband*Wm H. Mitchell*Father's
Name*Wm Flahart*Father's
Birthplace*Ind*

Mother's

Maiden Name

*Elliott*Mother's
Birthplace*Ind*Name of person giving
In formation*Harry Mitchell*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Fall. broken arm

How long

3 mos.

Immediate

General debility, Exhaustion,

How long

*"*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. Leet Hopkins**Harre de Grace*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert E Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mill Grove* ^{County} *Harford* **MARYLAND**

Date of death 1903 ^{Month} *July* ^{Day} *11* ^{Years} *81* - Months *8* Days *1*

Sex *male* Color or Race *white* Birth-place *Ind.*

Married, Single or Widowed *Married* Occupation *Farmer*

Name of Wife or Husband *Mary Morgan*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

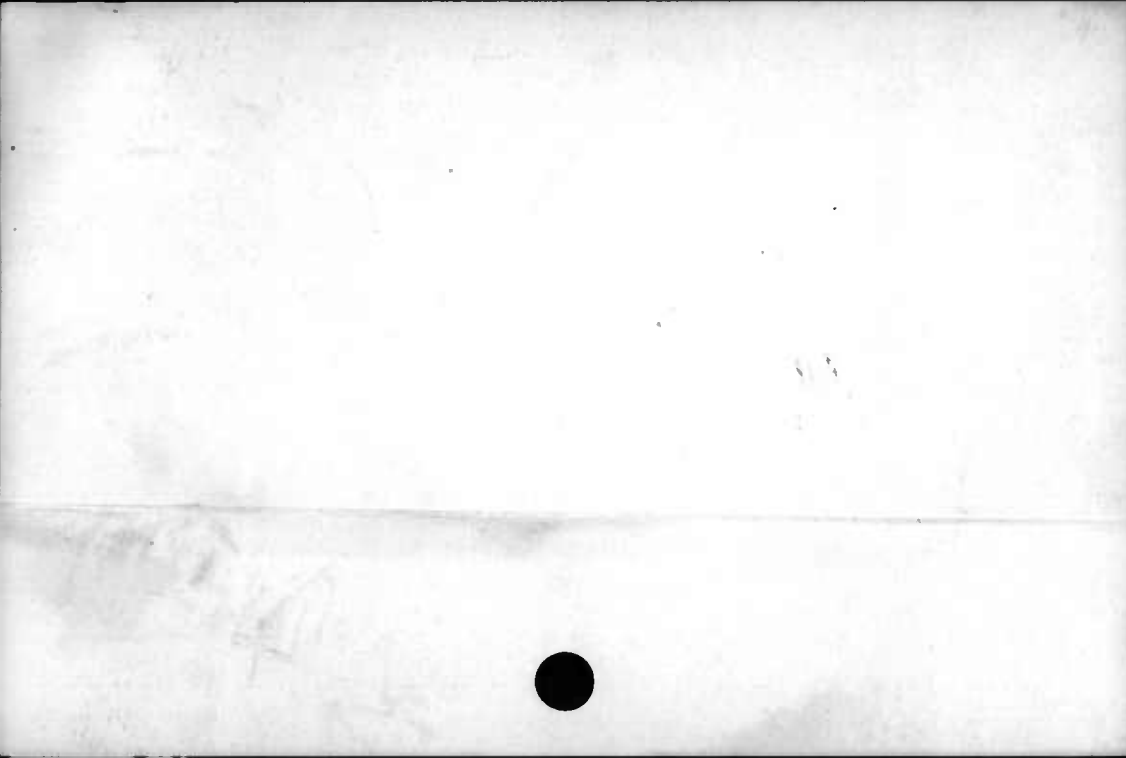
Primary *Rheumatism* *154* How long *154*

Immediate *old age* How long *154*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Dr. F. H. Arthur*

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

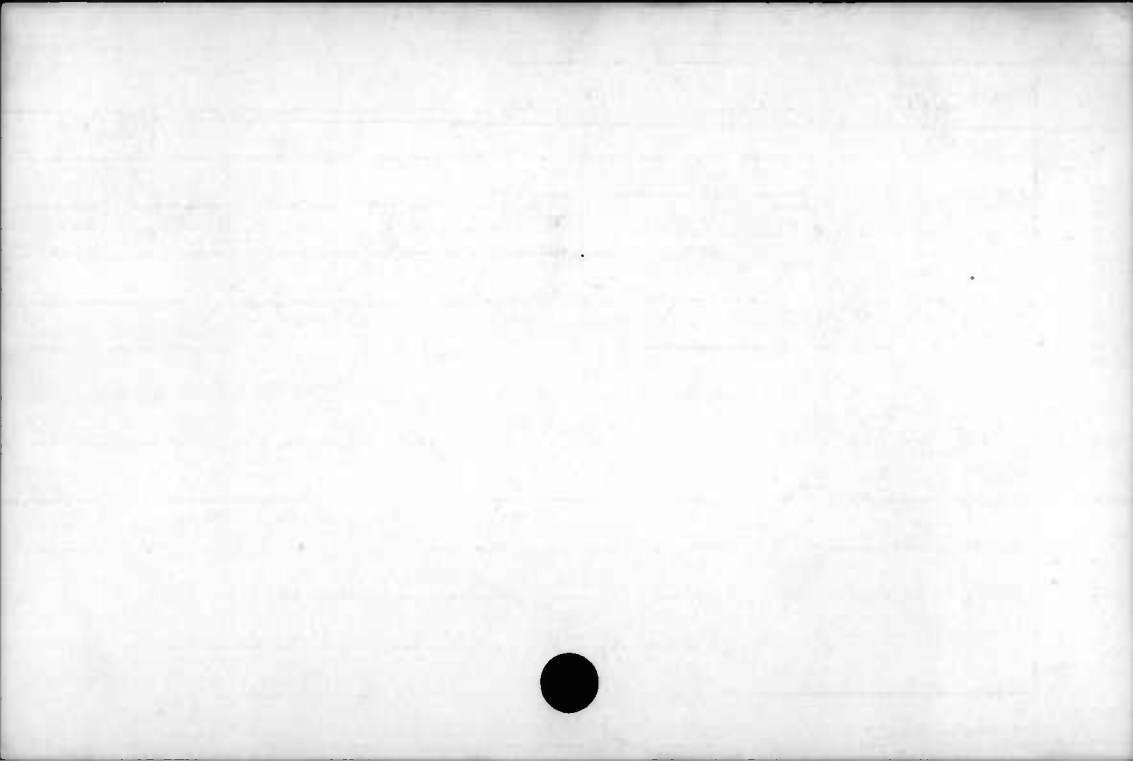
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carroll Place</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>20</i>	Age <i>84</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Trickman</i>						
Name of Wife or Husband <i>Elizabeth Johnson</i>							
Father's Name <i>Thomas Demond</i>				Father's Birthplace <i>Bucke Co. Pa.</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Jacob Demond Jr</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long
Immediate <i>Uremic Coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>U. de Harford</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Samuel Arthur Pennington

Town

County

Died at

Madona

toasford

MARYLAND

Date 1907

Month Day

Y. M. D.

Native of

Occupation

July 20

Age

27

Maryland

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Frank Pennington

Mother's

Maiden Name

Leliga Arthur

Cause of

Primary

How long sick

5 mos

Death

Immediate

Epilepsy

Accident, Suicide, Homicide

Reported by

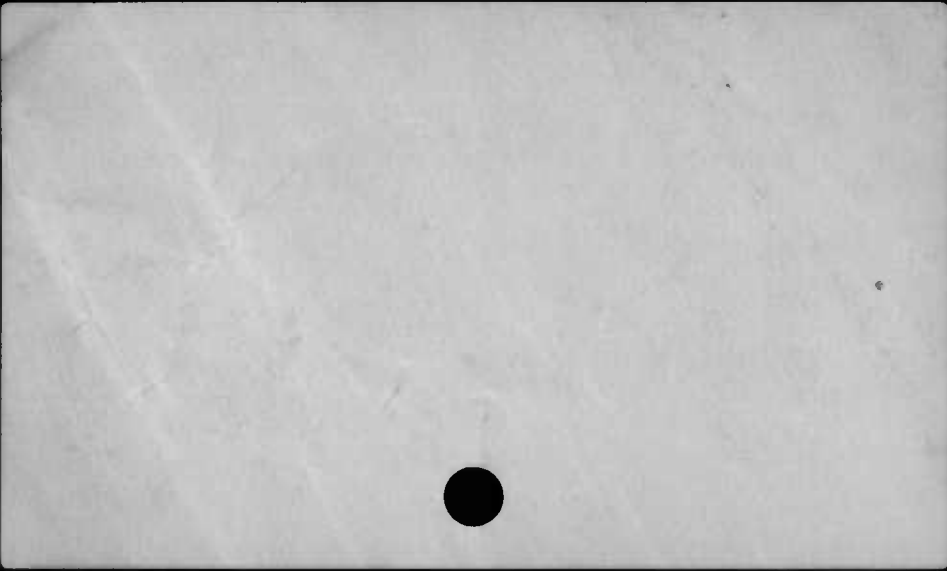
F. H. Turner

Address

Black Horse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

Certificate of Death

William Clyde Price

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1903

July

24

Age

Y.

M.

D.

Ind

Child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William P. Price

Mother's

Name

Sallie Cavatney

Cause of

Primary

Thrombosis

How long sick

4 days

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

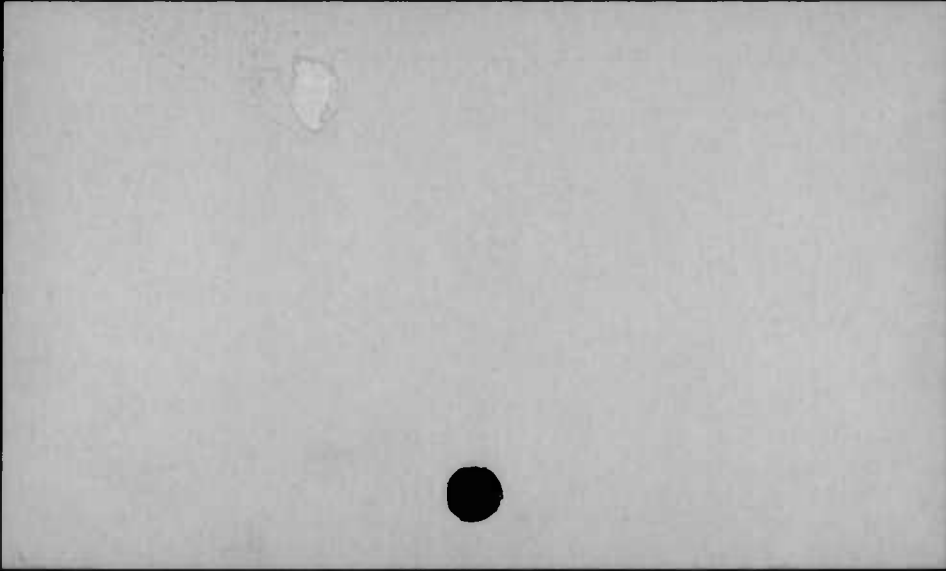
S. H. Fisher

Address

Park Deforia, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Ely Pyle

CERTIFICATE OF DEATH

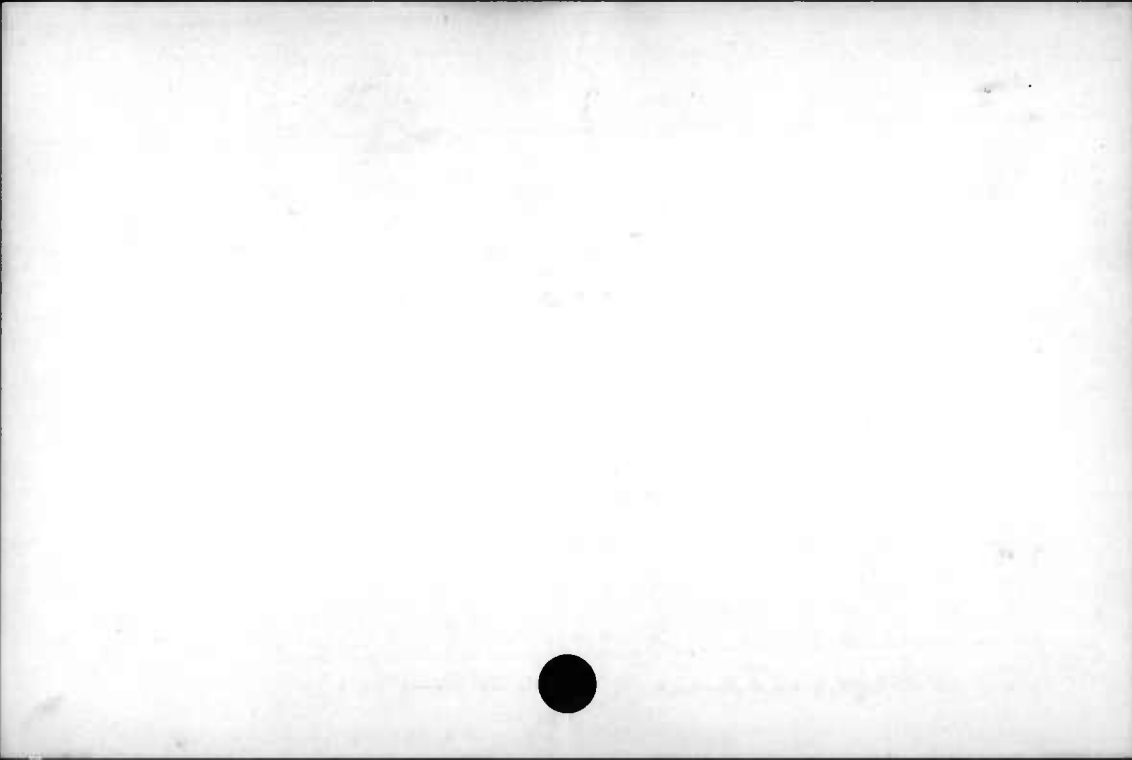
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Hill</i> ^{Town}		<i>Hayford</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>30</i>	Age <i>87</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Sasandra I. Pyle</i>					
Father's Name <i>Harman Pyle</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Ann Thomas</i>			Mother's Birthplace <i>md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>12 hours</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. H. Arthur</i>
	Address <i>Shut md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Isaac Newton Shipley

Town

County

Died at Mountain Harbor

MARYLAND

Date 19 03 Month 7 Day 4 Age 65-4- Native of Md Occupation Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

11

Husband of

Wife

Father's

Name

Marbary Shipley

Mother's

Maiden Name

6/w

Cause of

Primary

Spinal Meningitis

How long sick

18 Moth

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas. E. Brewell Sub Registrar

Address

Mountain Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name
in
Full

Laura May Smith

CERTIFICATE OF DEATH

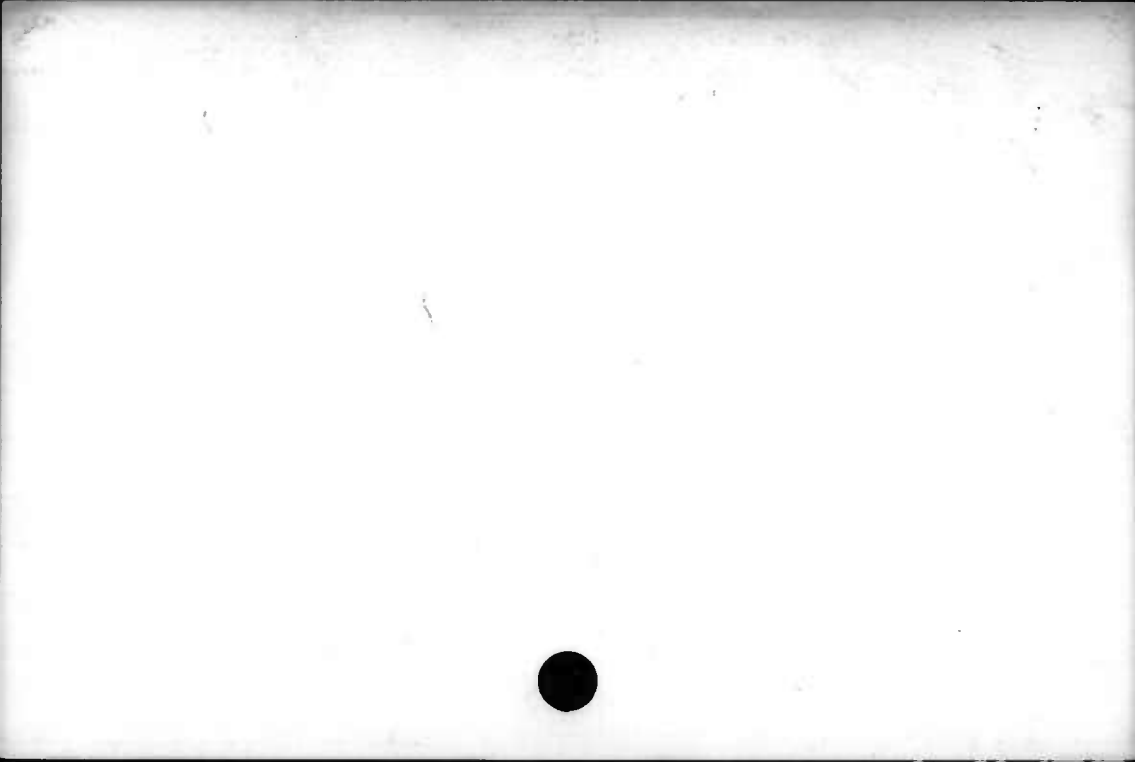
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berkeley</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>13</u>	Age <u>10</u>	Months <u>—</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Samuel J. Smith</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>S. Elizabeth Mc Dowell</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Ester Smith</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rheumatic Endocarditis</u>	How long <u>Two years</u>
Immediate <u>Convulsions</u>	How long <u>14 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Hopkins and Kirk</u>
	Address <u>Darlington Md.</u>
Accident or Suicide?	<u>78</u>



Name
in
Full

Richard Allen Smith

CERTIFICATE OF DEATH

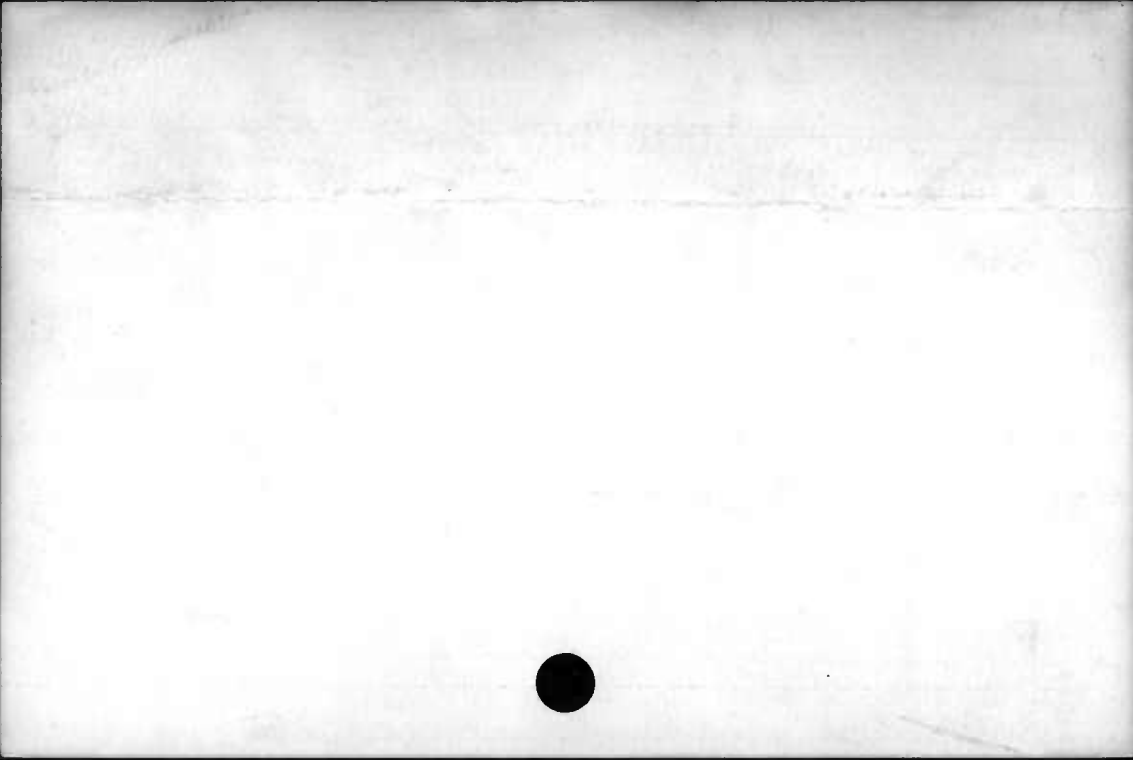
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Black Horse		Harford County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days	
	July	30	6				
Sex	male	Color or Race	col	Birth-place	Black Horse		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
James Smith				Bel Air			
Mother's Maiden Name				Mother's Birthplace			
Emma Hillen				Balt Co			
Name of person giving information				How related to deceased			
Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. J. Lunn
		Address	Black Horse
			Harford Co
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 19

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Tertude M Sullivan

Died at Hartford

Date 1915 July 10

Age 15

Male

White

Married

Single

Widow

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death

Primary

Immediate

How long sick

5 days

Accident, Suicide, Homicide

Reported by

Address

105

Edgewood

M

MARYLAND



Name
in
Full

Mrs. Touchton

TOUCHTON

CERTIFICATE OF DEATH

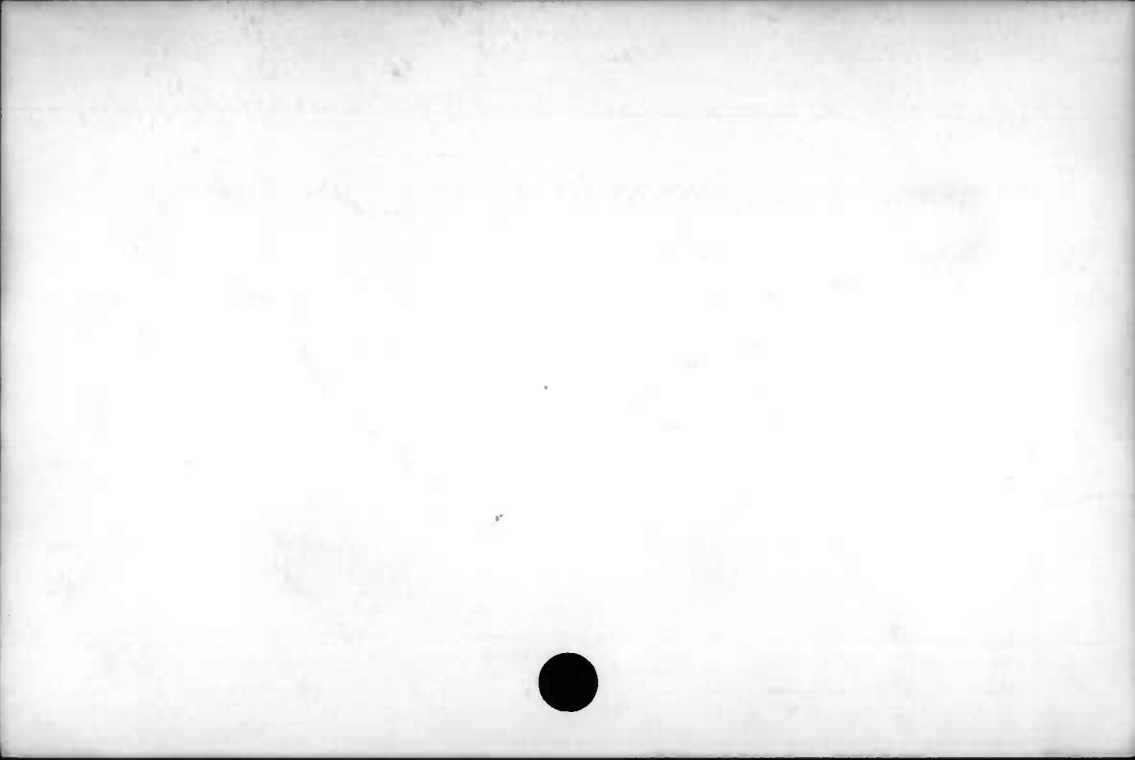
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month July	Day 28	Age 89	Years	Months	Days	
Sex Female	Color or Race white		Birth- place Harford Co Md				
Married, Single or Widowed widowed		Occupation					
Name of Wife or Husband Jno W. Touchton							
Father's Name West				Father's Birthplace Harford Co Md			
Mother's Maiden Name Elizabeth Bond				Mother's Birthplace Harford Co Md			
Name of person giving information S.W. Touchton				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Pancreas	How long 2 or 3 yrs
Immediate General weakness	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R. W. Smith
	Address Harford Co Md
Accident or Suicide?	



Name in Full

Certificate of Death

Infant

TUNER

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903 - 7 - 26

Age

Still born

Female

White

Married

Widow

Divorced

Caucasian

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

J. C. Turner

Mother's

Name

Cause of

Primary

Still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

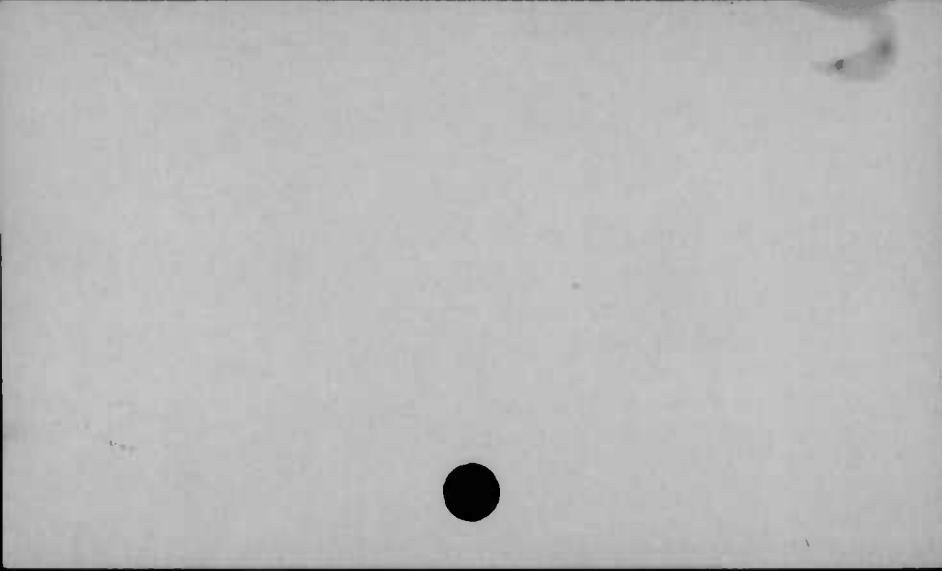
W. H. C. C. C.

Address

W. H. C. C. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Mary Unland

Died at ^{Town} Joppa ^{County} Hartford MARYLAND

Date 1903 ^{Month} July ^{Day} 8 ^{Y.} 85 ^{M.} 6 ^{D.} 13 ^{Native of} Germany ^{Occupation} Housewife

~~Male~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ^{Number of children living} 1

Husband of William F. Unland

Wife

Father's Name Mother's Name

Maiden Name

Cause of Death Primary ^{How long sick} Old age & Heart

Immediate ^{Accident, Suicide, Homicide} Coroner's Findings 154

Reported by C. De Maine

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

[Signature]

LIBRARY BUREAU, 79001



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kammia</i> Town		County <i>Stafford</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>22</i>	Age <i>32</i> Years	Months <i>4</i>	Days <i>16</i>
Sex	Color or Race <i>White</i>		Birth-place <i>Stafford Co.</i>		
Married, Single or Widowed			Occupation <i>MD.</i>		
Name of Wife or Husband <i>Alex Watkins</i>					
Father's Name <i>Jacob Bradford</i>			Father's Birthplace <i>Stafford Co.</i>		
Mother's Maiden Name <i>Mary Jane Bradford</i>			Mother's Birthplace <i>Stafford Co.</i>		
Name of person giving information <i>Alex. Watkins</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuber culosis</i>	How long	<i>4-mo.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. L. Hughes</i>	
		Address <i>Stibson Md.</i>	
Accident or Suicide?			

